

2018 Current Fiscal Year Report: Interagency Pain Research Coordinating Committee

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

Interagency Pain Research Coordinating Committee

3b. GSA Committee No.

73655

4. Is this New During Fiscal Year?

No

5. Current Charter

07/08/2018

6. Expected Renewal Date

07/08/2020

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Statutory (Congress Created)

12. Specific Establishment Authority

42 USC 284

13. Effective Date

01/01/2010

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

Scientific Technical Program Advisory Board

16a. Total Number of Reports

1

16b. Report Date

10/01/2017

Report Title

National Pain Strategy Implementation

Number of Committee Reports Listed: 1

17a. Open 2 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 2

Meetings and Dates

Purpose

Program Advisory

Program Advisory

Start

10/23/2017

07/09/2018

End

- 10/23/2017

- 07/09/2018

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$2,800.00	\$7,200.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$342,349.00	\$215,288.00
18a(4). Personnel Pmts to Non-Member Consultants	\$600.00	\$600.00
18b(1). Travel and Per Diem to Non-Federal Members	\$4,199.00	\$10,500.00
18b(2). Travel and Per Diem to Federal Members	\$875.00	\$1,744.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00

18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$26,933.00	\$35,966.00
18d. Total	\$377,756.00	\$271,298.00
19. Federal Staff Support Years (FTE)	2.00	1.30

20a. How does the Committee accomplish its purpose?

The Interagency Pain Research Coordinating Committee accomplishes its purpose by meeting regularly to coordinate all pain research efforts within HHS and across other relevant Federal Agencies. These meetings have resulted in recommendations to ensure no unnecessary duplication of effort, to identify critical gaps in knowledge, to disseminate information, and develop strategies for pain prevention, treatment, management, education, and research. The Committee also establishes expert work groups to address IPRCC goals and objectives. One set of work groups, including approximately 60 experts, completed and released the Federal Pain Research Pain Strategy. Many of the research priorities recommended in this strategy are being developed as initiatives to enhance the federal pain research agenda to address the opioid crisis.

20b. How does the Committee balance its membership?

The Committee is composed of not more than 7 voting Federal representatives from agencies that conduct pain care research and treatment and 12 non-Federal voting members. The 12 non-Federal members include (a) 6 non-Federal members from among scientists, physicians, and other health professionals and (b) 6 non-Federal members from members of the general public who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

20c. How frequent and relevant are the Committee Meetings?

The committee met twice in this reporting period and communicates through electronic messaging.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The composition of the committee provides a unique balance of expertise and opinions that cannot be obtained totally from federal staff across multiple agencies or on an ad hoc basis because of the diversity in scientific and non-scientific viewpoints needed, the importance of non-federal perspectives, and the need for continuity as the Committee considers issues over time.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Based on the assignment of duties, the Designated Federal Official and the committee decision maker positions are held by Dr. Linda Porter. Administrative Extensions: Drs. Burstein, Paice, Payne, Spellman, Steinberg, Basbaum, Cowan, Maixner, and Kusiak were administratively extended while new members and nominees were delayed in completing the appointment process. Ex officio members, Dr. Briggs and Grady retired from NIH this fiscal year. The following members were reappointed to continue to serve on the IPRCC: Drs. Helmick, Hertz, Koroshetz, Pasternak, Underwood, Somerman and Ricciardi. The federal staff support projected for FY 19 is lower due to the decrease in time on the IPRCC database and because no big strategy is planned or proposed in FY 19. Due to the anticipated increase in meetings in FY 19, the cost for personnel payments to non-Federal members will be higher than in FY 18.

Designated Federal Officer

Linda L. Porter Health Science Policy Advisor

Committee Members	Start	End	Occupation	Member Designation
BUCKENMAIER, III, CHESTER	04/12/2018	07/31/2020	DIRECTOR	Regular Government Employee (RGE) Member
Basbaum, Allan	12/29/2013	10/28/2017	Professor and Chair	Special Government Employee (SGE) Member
Briggs, Josephine	01/09/2012	10/31/2017	DIRECTOR, NCCAM	Regular Government Employee (RGE) Member
Burstein, Rami	02/22/2015	01/28/2018	PROFESSOR	Special Government Employee (SGE) Member
CARTER, GEORGE	07/22/2018	07/31/2020	PATIENT ADVOCATE	Special Government Employee (SGE) Member
Clark, David	04/11/2018	07/31/2020	DIRECTOR, PAIN MANAGEMENT SERVICE	Regular Government Employee (RGE) Member
Cowan, Penney	12/15/2013	10/28/2017	EXECUTIVE DIRECTOR	Special Government Employee (SGE) Member
Grady, Patricia	01/09/2012	08/31/2018	DIRECTOR, NINR	Regular Government Employee (RGE) Member
HAMMITT, KATHERINE	07/22/2018	07/31/2020	VICE PRESIDENT OF MEDICAL AND SCIENTIFIC AFFAIRS	Special Government Employee (SGE) Member
HERMAN, GWENN	07/22/2018	07/31/2020	CLINICAL DIRECTOR	Special Government Employee (SGE) Member
Helmick, Charles	01/29/2018	07/31/2020	SENIOR MEDICAL EPIDEMIOLOGIST	Regular Government Employee (RGE) Member
Hertz, Sharon	01/29/2018	07/31/2020	DEPUTY DIRECTOR	Regular Government Employee (RGE) Member
KERNS, ROBERT	07/22/2018	07/31/2020	PROFESSOR OF PSYCHIATRY	Special Government Employee (SGE) Member
Koroshetz, Walter	01/29/2018	07/31/2020	Director	Regular Government Employee (RGE) Member
Kusiak, Audrey	11/19/2013	01/25/2018	SCIENTIFIC PROGRAM MANAGER	Regular Government Employee (RGE) Member
Maixner, William	12/15/2013	10/28/2017	Director	Special Government Employee (SGE) Member

Paice, Judith	02/22/2015 01/28/2018	DIRECTOR, CANCER PAIN PROGRAM	Special Government Employee (SGE) Member
Pasternak, Michael	06/26/2016 01/28/2019	Founding Trustee	Special Government Employee (SGE) Member
Payne, Richard	02/22/2015 01/28/2018	ESTHER COLLIFLOWER PROFESSOR OF MEDICINE AND DIVINITY	Special Government Employee (SGE) Member
Ricciardi, Richard	01/29/2018 07/31/2020	HEALTH SCIENTIST	Regular Government Employee (RGE) Member
Somerman, Martha	01/17/2012 01/28/2019	DIRECTOR	Regular Government Employee (RGE) Member
Spellman, Christina	02/22/2015 01/28/2018	EXECUTIVE DIRECTOR	Special Government Employee (SGE) Member
Steinberg, Cindy	03/08/2015 01/28/2018	NATIONAL DIRECTOR OF POLICY AND ADVOCACY	Special Government Employee (SGE) Member
Underwood, Catherine	03/20/2016 01/28/2019	Chief Executive Officer/Executive Director	Special Government Employee (SGE) Member
Volkow, Nora	01/09/2012 07/31/2020	DIRECTOR, NIDA	Regular Government Employee (RGE) Member

Number of Committee Members Listed: 25

Narrative Description

As specified in Public Law 111-148 ("Patient Protection and Affordable Care Act") the Committee will: (A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain; (B) identify critical gaps in basic and clinical research on the symptoms and causes of pain; (C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort; (D) make recommendations on how best to disseminate information on pain care; and (E) make recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research. In addition to the initial mandate, the IPRCC was charged by the Office of the Assistant Secretary for Health to create a comprehensive population health level strategy for pain prevention, treatment, management, and research.

What are the most significant program outcomes associated with this committee?

Checked if Applies

Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>

Other

☐

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

None

☐

Unable to Determine

☒

Under \$100,000

☐

\$100,000 - \$500,000

☐

\$500,001 - \$1,000,000

☐

\$1,000,001 - \$5,000,000

☐

\$5,000,001 - \$10,000,000

☐

Over \$10,000,000

☐

Cost Savings Other

☐

Cost Savings Comments

The committee's mission includes making recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort and making recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

7

Number of Recommendations Comments

The National Pain Strategy (NPS), developed with oversight by the Committee, was released for implementation by the Office of the Assistant Secretary, HHS. The NIH has worked with the Office of the Assistant Secretary, HHS to support the implementation and evaluation plan for the NPS. A stakeholder meeting was held in FY2017 to inform the public about on-going activities related to the NPS and to solicit public feedback. The Federal Pain Research Strategy was developed with oversight by the Committee. It was released for public comment in June 2017, and the final report was released in October 2017. The report is being used to guide pain research funding across the government, including projects to address the opioid crisis.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

71%

% of Recommendations Fully Implemented Comments

N/A

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

14%

% of Recommendations Partially Implemented Comments

Science advances are reported annually. The National Pain Strategy implementation is expected to take five years. The Federal Pain Research Strategy priority research areas benchmark currently are being reviewed.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

The committee receives feedback through minutes and reports presented at meetings.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Action Comments

NIH had led this effort to collect, collate, and publicly convey major advances in pain research over the past three years. Summaries of major advances have been posted to the website. NIH, with the oversight of the committee, developed and maintains annually a database on all federal pain research. Grants and contracts support the objectives of the National Pain Strategy. These projects are ongoing. NIH led the effort to develop a

long-term strategic plan to advance pain research. The report was released in October 2017 and is in use to guide new initiatives on pain research including many to address the opioid crisis.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments

Information on the IPRCC may be obtained from Dr. Linda Porter at porterl@ninds.nih.gov or from the website: <https://iprcc.nih.gov/>